MAYVILLE NURSING REHABILITATION CENTER

305 SOUTH CLARK STREET

MAYVILLE 53050 Phone: (920) 387-0354 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/05): 102 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/05): 102 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/05: 99 Average Daily Census: 100

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	8
Primary Diagnosis	8	Age Groups 	% 	   Less Than 1 Year   1 - 4 Years	30.3 53.5
Developmental Disabilities	0.0	Under 65	5.1	More Than 4 Years	16.2
Mental Illness (Org./Psy)	10.1	65 - 74	5.1		
Mental Illness (Other)	1.0	75 - 84	23.2		100.0
Alcohol & Other Drug Abuse	1.0	85 - 94	55.6		
Para-, Quadra-, Hemiplegic	1.0	95 & Over	11.1	Full-Time Equivalent	
Cancer	4.0			Nursing Staff per 100 Resid	ents
Fractures	7.1	İ	100.0	(12/31/05)	
Cardiovascular	16.2	65 & Over	94.9		
Cerebrovascular	10.1			RNs	9.4
Diabetes	2.0	Gender	8	LPNs	13.6
Respiratory	4.0			Nursing Assistants,	
Other Medical Conditions	43.4	Male	27.3	Aides, & Orderlies	39.6
		Female	72.7	İ	
	100.0	İ			
		İ	100.0		

## Method of Reimbursement

		edicare			edicaid			Other		:	Private Pay	<u>:</u>		amily Care			Managed Care	l 		
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	3.2	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.0
Skilled Care	19	100.0	371	58	92.1	122	0	0.0	0	15	100.0	189	0	0.0	0	2	100.0	350	94	94.9
Intermediate				3	4.8	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		63	100.0		0	0.0		15	100.0		0	0.0		2	100.0		99	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	31/05
Deaths During Reporting Period					0. 27 - 24		m. t. 1
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	12.7	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		98.0	2.0	99
Other Nursing Homes	1.4	Dressing	13.1		83.8	3.0	99
Acute Care Hospitals	78.2	Transferring	17.2		75.8	7.1	99
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.2		76.8	6.1	99
Rehabilitation Hospitals	0.0	Eating	60.6		36.4	3.0	99
Other Locations	1.4	******	* * * * * * * * * * * * * * *	*****	*****	******	*****
Total Number of Admissions	142	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.1	Receiving Resp	iratory Care	15.2
Private Home/No Home Health	44.4	Occ/Freq. Incontine	nt of Bladder	37.4	Receiving Trac	neostomy Care	0.0
Private Home/With Home Health	0.7	Occ/Freq. Incontine	nt of Bowel	24.2	Receiving Suct	ioning	0.0
Other Nursing Homes	7.0	į			Receiving Osto	my Care	0.0
Acute Care Hospitals	19.0	Mobility			Receiving Tube	Feeding	3.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.0	Receiving Mech	anically Altered Diets	6.1
Rehabilitation Hospitals	0.0	1					
Other Locations	2.8	Skin Care			Other Resident C	naracteristics	
Deaths	26.1	With Pressure Sores		3.0	Have Advance D	irectives	45.5
Total Number of Discharges		With Rashes		6.1	Medications		
(Including Deaths)	142			· · ·	Receiving Psycl	noactive Drugs	49.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************	******	*****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	୦ ଚ	%	Ratio	%	Ratio	%	Ratio	90	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	86.8	1.13	88.8	1.10	88.3	1.11	88.1	1.11
Current Residents from In-County	81.8	76.7	1.07	81.0	1.01	70.5	1.16	77.6	1.05
Admissions from In-County, Still Residing	17.6	16.9	1.04	23.7	0.74	20.5	0.86	18.1	0.97
Admissions/Average Daily Census	142.0	168.8	0.84	124.7	1.14	123.5	1.15	162.3	0.88
Discharges/Average Daily Census	142.0	172.6	0.82	127.4	1.11	126.7	1.12	165.1	0.86
Discharges To Private Residence/Average Daily Census	64.0	69.5	0.92	53.4	1.20	50.1	1.28	74.8	0.86
Residents Receiving Skilled Care	97.0	95.0	1.02	96.8	1.00	94.1	1.03	92.1	1.05
Residents Aged 65 and Older	94.9	92.7	1.02	92.1	1.03	92.5	1.03	88.4	1.07
Title 19 (Medicaid) Funded Residents	63.6	67.3	0.95	68.7	0.93	70.2	0.91	65.3	0.97
Private Pay Funded Residents	15.2	18.0	0.84	18.5	0.82	19.0	0.80	20.2	0.75
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.5	0.00	5.0	0.00
Mentally Ill Residents	11.1	29.4	0.38	38.6	0.29	37.2	0.30	32.9	0.34
General Medical Service Residents	43.4	28.0	1.55	24.6	1.77	23.8	1.83	22.8	1.91
Impaired ADL (Mean)	41.6	48.0	0.87	48.5	0.86	47.2	0.88	49.2	0.85
Psychological Problems	49.5	53.5	0.93	57.4	0.86	58.9	0.84	58.5	0.85
Nursing Care Required (Mean)	4.2	6.8	0.61	7.1	0.58	7.1	0.59	7.4	0.56